

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 577627

FILING DATE

428-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
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7						
8						
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16	1		1			
17	1		1			
18						
19						
20	1		1			
21	1		1			
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34	1		1			
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36		1		1		
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49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						